



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Embalming & Funeral Directing
www.mass.gov/dpl/boards/em
617-727-1718

ORDER FORM: All information must be completed to be eligible for a duplicate certificate.

Name as it should appear on establishment certificate:

Chain Affiliation: yes / no if yes, name of corporation: _____

Full address as it should appear on certificate:

Funeral Home FID number (mandatory): _____

Name and license number of CEO/President/Manager:

List name and license number of all Type 3 licensees: (Use back if more space is needed)

List name and license number of all Type 5 (Certified) licensees

List name and license number of all Apprentices

For Board Use Only:

Fee Paid \$ _____

Date Received _____

Information Complete yes/no if no, date returned _____